

# Mental Health Management in the Primary Care Setting: Depression

By

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A. Background

B. Diagnosis

C. Treatment Recommendations

D. Pt Ed Handouts/Community Resources

# A. Background

# Statistics

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- From 2005-2009, 6.5% of Americans had at least one Major Depressive Episode (MDE)<sup>12</sup>
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- During the same period 6.0% of Californians had at least one MDE<sup>11</sup>
- Suicide rate per 100,000 population in the Greater Bay Area was 10.4 from 2008-2010<sup>12</sup>

# Who is at risk?<sup>1</sup>

- Chronic illness/stress/pain
- Family hx
- Female
- Low income/job loss
- Low self-esteem/social support
- TBI
- Prior depression
- Younger age

# Don't Forget Somatic Symptoms<sup>1</sup>

45-95% of depressed patients world wide only have these symptoms ...

- Abdominal pain
- Back pain
- Changing weight/appetite
- Constipation
- Fatigue
- Headache
- Joint pain



## B. Diagnosis

# USPSTF Recommends Screening<sup>1</sup>

- \* In clinical practices with systems in place to ensure accurate diagnosis, effective treatment and follow up

# Screening Tools:

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## Patient Health Questionnaire-2: Screening Instrument for Depression

OVER THE PAST TWO WEEKS, HOW OFTEN HAVE YOU BEEN BOTHERED BY ANY OF THE FOLLOWING PROBLEMS?	NOT AT ALL	SEVERAL DAYS	MORE THAN ONE-HALF THE DAYS	NEARLY EVERY DAY
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

*NOTE: If the patient has a positive response to either question, consider administering the Patient Health Questionnaire-9 or asking the patient more questions about possible depression. For older adults, consider the Patient Health Questionnaire-9 or the 15-item Geriatric Depression Scale. A negative response to both questions is considered a negative result for depression.*

*Adapted from patient health questionnaire (PHQ) screeners. <http://www.phqscreeners.com>. Accessed September 6, 2011.*

# Screening Tools:

## Patient Health Questionnaire-2: Screening Instrument for Depression

## Patient Health Questionnaire-9: Screening Instrument for Depression

<i>OVER THE PAST TWO WEEKS, HOW OFTEN HAVE YOU BEEN BOTHERED BY ANY OF THE FOLLOWING PROBLEMS?</i>	<i>NOT AT ALL</i>	<i>SEVERAL DAYS</i>	<i>MORE THAN ONE-HALF THE DAYS</i>	<i>NEARLY EVERY DAY</i>
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3

# Screening Tools:

## Patient Health Questionnaire-2: Screening Instrument for Depression

## Patient Health Questionnaire-9: Screening Instrument for Depression

OVER THE PAST TWO WEEKS, HOW OFTEN HAVE ANY OF THE FOLLOWING BEEN TRUE FOR YOU?		NOT SEVERAL DAYS	MORE THAN ONE- TWO WEEKS	NEARLY ALL THE TIME
<b>15-Item Geriatric Depression Scale</b>				
CHOOSE THE BEST ANSWER FOR HOW YOU HAVE FELT OVER THE PAST WEEK:				
Little interest or pleasure in doing things	1. Are you basically satisfied with your life?			Yes/No
Feeling down, depressed, or hopeless	2. Have you dropped many of your activities and interests?			Yes/No
Trouble falling asleep, too much sleeping	3. Do you feel that your life is empty?			Yes/No
Feeling tired all the time	4. Do you often get bored?			Yes/No
Poor appetite or overeating	5. Are you in good spirits most of the time?			Yes/No
Feeling restless, fidgety, or unable to sit still	6. Are you afraid that something bad is going to happen to you?			Yes/No
Thoughts of harming yourself or others	7. Do you feel happy most of the time?			Yes/No

# Confirm Diagnosis with DSM Criteria<sup>1</sup>

## DSM-IV Criteria for Major Depressive Episode

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A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either 1) depressed mood or 2) loss of interest or pleasure.

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**Note:** Do not include symptoms that are clearly due to a general medical condition, or mood-incongruent delusions or hallucinations.

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1) depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful).

**Note:** In children and adolescents, can be irritable mood

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2) markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others)

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3) significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. **Note:** In children, consider failure to make expected weight gains

You could screen, or you could just  
ask!<sup>5</sup>

“Are you depressed?”



## C. Treatment Recommendations<sup>3</sup>

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	Examples	Doses	Side Effects
SSRIs	Lexapro Citalopram Sertraline Fluoxetine Paroxetine Bupropion	10-20 mg/d 20-40 mg/d 50-200 mg/d 20-60 mg/d 20-60 mg/d 300-450 mg/d	Best tolerated Well tolerated QTc prolong Mildly activating More activating Sedating Signif withdrawal Abuse potential (-)Seizure/TBI
SNRIs	Duloxetine Venlafaxine	60-120 mg/d 150-375 mg/d	HTN Tx neuropathic pain HTN Tx neuro pain Signif wdl
Remeron	Mirtazapine	30-60 mg QHS	Sedation/appetite Neutropenia
TCAs	Nortriptylline	75-150 mg/d	Sedating, tx neuro pain, Lethal in OD

# Antidepressant Discontinuation Syndrome<sup>6</sup>

- Flu-like symptoms
- Insomnia
- Nausea
- Imbalance
- Sensory disturbance
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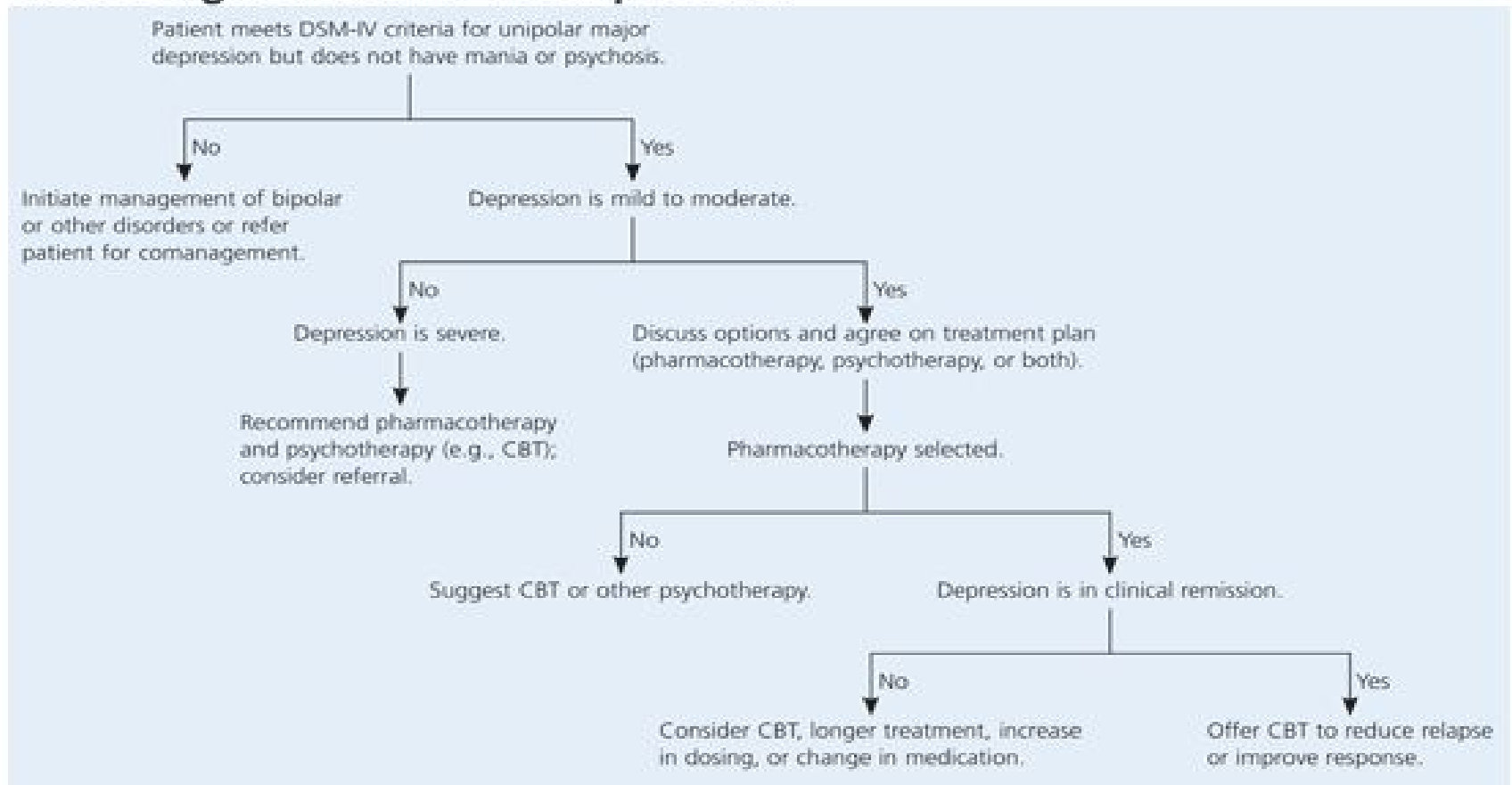
Venlafaxine

# Non-medical Therapy: Cognitive Behavioral Therapy (CBT) <sup>7</sup>

- **Definition:** Some learn to perceive self, personal world, future in a biased fashion. CBT is a way to address this...
- **Evidence:** Effectively treats depression to remission. NNT = 3 or 4 for 8-19 yo and 18-64 yo with mild-moderate depression. NNT only 3 when combining with antidepressants

# CBT Treatment Algorithm<sup>7</sup>

## Assessing Use of CBT for Depression



# An Example of CBT<sup>4</sup>

Video clip

[Role Play- Cognitive Beh#E5FBD3](#)



# How to Refer to CBT in CC

Per Ashley Mezzasalma of the Wright Institute:

- Mental Health Access Line (either via PCP referral or patient calls him or herself)
- Most practitioners accepting CCHP practice CBT
- Health Coaches do a form of CBT but not the full course of treatment

# Can you integrate therapy into your primary care practice?

- Yes!

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- Yes!

## **Cognitive Behavioral Therapy Resources**

Academy of Cognitive Therapy

Web site: <http://www.academyofct.org>

American Board of Professional Psychology

Web site: <http://www.abpp.org>

Association for Behavioral and Cognitive Therapies

Web site: <http://www.abct.org>

Beck Institute for Cognitive Behavior Therapy

Web site: <http://www.beckinstitute.org>

National Association of Social Workers

Web site: <http://www.socialworkers.org>

National Register of Health Service Providers in Psychology

Web site: <http://www.nationalregister.org>

# Can you integrate therapy into your primary care practice?<sup>7</sup>

- Yes!

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Academy of Cognitive Therapy

Web site: <http://www.academyofct.org>

American Board of Professional Psychology

Web site: <http://www.abpp.org>

## **Resources for Physicians**

Association for Behavioral and Cognitive Therapy

Web site: <http://www.abct.org>

*Mind Over Mood: A Cognitive Therapy Treatment Manual for Clients.* Greenberger D, Padesky CA. New York: Guilford Press, 1995.

Beck Institute for Cognitive Therapy and Research

Web site: <http://www.beckinstitute.org>

*Cognitive Therapy and the Emotional Disorders.* Beck AT. New York: International Universities Press, 1976.

National Association of Social Workers

Web site: <http://www.nasw.org>

Beck Institute for Cognitive Therapy and Research Web site: <http://beckinstitute.org>

National Register of Health Service Providers

Web site: <http://www.nrhsp.org>

American Institute for Cognitive Therapy Web site: <http://www.cognitivetherapynyc.com>

# Multi-Disciplinary Approach

- 2012 Cochrane Review: 79 RCTs, >24,000 worldwide: collaborative care associated with significant improvement in depression compared with usual care<sup>8</sup>
- 2009 Task Force on Community Preventive Services recommends collaborative care for treatment of adults >18 yo with MDD<sup>9</sup>

# D. Patient Ed Handouts/Community Resources

## Handouts:

- [www.Mayoclinic.org](http://www.Mayoclinic.org)
- [www.uptodate.com](http://www.uptodate.com)
- Red apple icon on epic

## Community Resources:

- Wright Institute
- Familias Unidas, Brentwood
- Mental Health Access Line

## Our Mission



**Famílias Unidas** is a proactive community-based organization dedicated to delivering quality counseling, advocacy, information, and referral services to the multicultural communities of Contra Costa County with specific emphasis put upon the Latino community in a culturally relevant and linguistically appropriate way.

Harvesting



Hope

Founded in 1979, Famílias Unidas is a nonprofit 501(c)(3) organization

## How to Obtain our Services:

### Main Office:

Richmond

205 39<sup>th</sup> St.

Richmond, CA 94805

510.412.5930 Main

510.412.0567 Fax

[www.familias-unidas.org](http://www.familias-unidas.org)

M-W & Fri. 9:00-5:30

Thurs. 1:00-5:30

(Closed for lunch 12:00-1:00)

### Other locations:

Brentwood

1191 Central Blvd. Ste. #A

Brentwood, CA 94513

(925) 634-4445

(925) 634-6235

M-F 8:30-5:00

(Closed for lunch 12:00-1:00)

4510 O'Hara Ave. Ste #A

Brentwood, CA 94513

(925) 240-2120

(925) 634-6235 Fax

Open Fri. 9:30-2:30

Antioch

315 G St.

Antioch, CA 94509

(925) 755-7775

(925) 755-7777 Fax

Open Tues. & Thurs. 9:30-2:30

Families



Unidas

Our bilingual counseling and information center assists low-income individuals and families in Contra Costa County by strengthening life skills and the ability to deal with life crises. We provide health education & outreach, psychosocial case management, individual & family counseling, psychiatric services, and information & referral services.

## Counseling & Family Support Services

### Our Services Include:

• Health Education

Outreach

• Psychosocial case management

• Individual Counseling

• Psychiatric Services

• Information & Referral Services

## References

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12. California Health Care Almanac: Mental Health Care in California, Painting a Picture (July 2013). California HealthCare Foundation. Retrieved from [www.chcf.org](http://www.chcf.org).